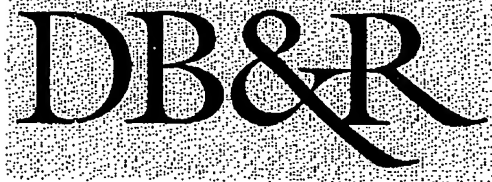


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TO: Examiner Raymond Henley FROM: Daniel A. Monaco DIRECT DIAL: 215-988-3312DATE: September 21, 2005 DOCUMENT NAME: Amendment filed June 13, 2005NUMBER OF PAGES: INCLUDING COVER 6TELEPHONE NUMBER: _____ FAX
NUMBER: 1 (571) 273-0575IF YOU DO NOT RECEIVE THIS FAX DOCUMENT IN ITS
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Attached is a copy of the Amendment filed June 13, 2005. Note that page 4 is missing.

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	101 625, 724	
	Filing Date	7/23/03	
	First Named Inventor	deventer	
	Art Unit	1614	
	Examiner Name	Menley III, Raymond	
Total Number of Pages in This Submission	6	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Karen Guerrero / Vela Pharmaceuticals	
Signature	Karen Guerrero	
Printed name	Karen Guerrero	
Date	June 13, 2005	Reg. No.

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Signature	Karen Guerrero	
Typed or printed name	Karen Guerrero	Date June 13, 2005

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PATENTS
Attorney Docket No. JAN-27 CON1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicants : Steven M. Leventer et al.
Application No. : 10/625,754
Filed : July 23, 2003
For : COMPOSITIONS AND METHODS FOR TREATING
OR PREVENTING CONVULSIONS OR SEIZURES
Group Art Unit : 1614
Examiner : Henley III, Raymond

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313

AMENDMENT

Sir:

IN THE SPECIFICATION

Please incorporate the following language at page 19,
line 13, after the language 'anti-convulsant activity': "at a
dose of less than 30 mg/kg".

06/13/
2005
11:55
AM